

COMMITTEE UPDATE FORM

Please type or print all information

COMMITTEE NAME: _____ Filer #: _____

Please complete this form to ensure that the Registry has the most current information on officers and the committee's financial depository (bank). If either position is vacated, a new appointment must be made and the Registry notified in writing within three (3) days.

CHAIR INFORMATION

Name: _____

Street Address: _____

City, State, Zip Code: _____

Daytime Phone: (____) _____ Home Phone: (____) _____

TREASURER INFORMATION

Name: _____

Street Address: _____

City, State, Zip Code: _____

Daytime Phone: (____) _____ Home Phone: (____) _____

CONTACT PERSON INFORMATION

Name: _____

Street Address: _____

City, State, Zip Code: _____

Daytime Phone: (____) _____ Home Phone: (____) _____

REQUIRED: PRIMARY DEPOSITORY (Bank or Financial Institution where committee funds are maintained.)

Name: _____

Street Address: _____

City, State, Zip Code: _____

Signature of Chair or Treasurer: _____ Date: _____

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE REGISTRY IMMEDIATELY. THANK YOU!

Kentucky Registry of Election Finance
140 Walnut Street, Frankfort, KY 40601